

Exhibit D

Please Print or Type

Household or Type		Last Name		First	M.I.	SSN	Department	Pay Period	Rate	Mo.	Wk.	Work Week Begins	TKU No
Hatcher		Lawrence		F		540 70-6204	CIC	July 85					

		TAKEN										PREMIUM				WORKED																				
	Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		Pay	Acc	Pay
Regular		8	-	-	9	8	8	8	8	-	-						-	-	8	8	7	6	8	-	-	8	8	8	8	-	-					
Reg. (other)																																				
Overtime																																				
Holiday																																				
Shift Diff.																																				
On Call																																				
Special Duty																																				
Sick Leave												8	8	8	8	8																				
Vacation																																				
Holiday																																				
Other Paid Leave																																				
Personal																																				
LWP																																				
LWOP																																				
TOTAL																																				

	Sick	Vacation	Holiday /Comp	Other Paid leave	Personal
Beg. Bal.	113	116			
Earned	8	0			
Used	1	40			
End. Bal.	120	66			

Leave Accruals

[illegible]

Accounting Distribution

I certify that the above hours are correct and properly chargeable to the accounts designated

Employee

Supervisor

Remarks.

Time Card No.	Payroll	Int.
	"M EC-1	
	TC EC-2	